## CHECKLIST FOR REAL PROPERTY ACTION REQUEST Please attach this checklist with your original request package.

INFORMAT (check applica YES		NCLOSED FOR
		Program Manager
		Property Description
		Site Location
		Use Requirements
		Special Requirements
		Unusual Restrictions
		Environmental Concerns
		Requirement Justification
		Property Owner Information
		Effective Date
		Requirement Term
		Accounting Data
		Responsible Unit
		Other
POC Name_ Date		Phone Fax
☐ Your request has been reviewed and found to be Complete. Final agreement is scheduled for signature no later than		
RP Specialist	Name_	Phone
Date	_	Fax